## CWA / DEX MEDIA GRIEVANCE REPORT

UNION LOCAL NUMBER:		UNION CASE NUM	IBER:	
7803				
DISCIPLINE OTHER GRIEVANCE		ORGANIZATION:		
DATE OF OCCURRENCE:	<u> </u>	TRACKING NUMB	BER:	
GRIEVANT (IF APPLICABLE) SOCIAL SECURITY NUMBER TOE				
Problem Solving:				
STATEMENT OF GRIEVANCE/ARTICLE OR SECTION VIOLATED:				
UNION RESOLUTION:				
ONON RESOLUTION.				
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SIGNED-UNION REPRESENTATIVE	PRINT NAME	Γ	DATE	PHONE NUMBER
	,			
COMPANY DISPOSITION-STEP ONE DATE MEETING HELD:				
COMPANY DISPOSITION-STEP ONE DATE MEETING HELD:				
SIGNED-COMPANY REPRESENTATIVE	PRINT NAME	Тт	DATE	PHONE NUMBER
UNION: REJECTS APPEALS				
SIGNED-UNION REPRESENTATIVE	PRINT NAME	I	DATE	PHONE NUMBER
COMPANY DISPOSITION-STEP TWO DATE MEETING HELD:				
SIGNED-COMPANY REPRESENTATIVE	PRINT NAME		DATE	PHONE NUMBER
				THOUS NOMBER
UNION: ACCEPTS REJECTS APPEALS INTENDS TO ARBITRATE (DISCIPLINE CASES ONLY)				
SIGNED-UNION REPRESENTATIVE	PRINT NAME		CIPLINE CASI DATE	ES ONLY) PHONE NUMBER